ACCEPTANCE OF
ADJUNCT APPOINTMENT

I, ____________________________, hereby accept appointment as an adjunct faculty member in the Department of ______________________ at Kansas State University for the period beginning ________________ to _________________. I understand that my appointment is made for the benefit of the University and USDA-ARS. I understand that, when I am working in a University facility, I must abide by the University’s rules of the workplace related to safety, security, and facility access. I also understand that because of my employment by USDA, Agricultural Research Service, this agreement does not make me an employee of the University and my work is subject to USDA, Agricultural Research Service policies and federal law including policies and regulations related to intellectual property and liability.

I understand that my status as an adjunct faculty member does not afford me any fringe benefits available to KSU employees, including protection under the Kansas Tort Claims Act. The Agricultural Research Service’s liability shall be limited by the Federal Tort Claims Act, 28 USC 2671, et seq.

ADJUNCT FACULTY MEMBER

_________________________________ Date: ______________________

Recommended by:

_________________________________

Department Head

Approved by:

_________________________________

Dean in the College of ________________